

*NFIRS 5.0 Self Study Program  
Arson & Juvenile Firesetter Module:  
NFIRS 11*

*Objectives*

After completing the Arson & Juvenile Firesetting Module you will be able to:

1. Describe when the Arson & Juvenile Firesetting is to be used.
2. Demonstrate how to complete the Arson & Juvenile Firesetting Module and identify appropriate other modules given the scenario of a hypothetical incident.

Pre-Test #11 - Arson & Juvenile Firesetter  
Module

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1. Arson is to unlawfully and intentionally damage, or attempt to damage, any real or personal property by fire or incendiary device.
  - (a) True
  - (b) False
  
2. A Basic Module must be completed if the Arson & Juvenile Firesetter Module is completed.
  - (a) True
  - (b) False
  
3. The Arson & Juvenile Firesetter Module is a required NFIRS Module.
  - (a) True
  - (b) False
  
4. The Juvenile Firesetter Module is completed only for fires where the person involved in the ignition of the fire was under the age of 21.
  - (a) True
  - (b) False
  
5. The Juvenile Firesetter section of the module can be completed without completing the Arson Action.
  - (a) True
  - (b) False

*Using the  
Arson and  
Juvenile  
Firesetting  
Module*

## Using the Arson and Juvenile Firesetting Module

An indispensable tool in the war against arson is the ability to identify when and where the crime takes place, what form it takes, and the characteristics of its targets and perpetrators. Armed with such information, fire service and law enforcement agencies can develop and implement arson prevention initiatives—allowing them to use their resources in the most efficient and effective manner. The NFIRS 5.0 Arson Module (NFIRS-11) was developed with this goal in mind.

The optional Arson Module may be used whenever the “Cause of Ignition,” (NFIRS-2 E1) is coded as “intentional,” or as “under investigation” without a distinction as to whether or not a crime has occurred, or a determination of criminal intent. You can also use the Arson Module in cases where the cause is “Undetermined after investigation.”

In addition, use the Arson Module to document juvenile-set fires, whether determined to be intentional or not. This information will permit analysis of juvenile firesetting trends, including intervention strategies and repeated activity.

**ARSON**—To unlawfully and intentionally damage, or attempt to damage, any real or personal property by fire or incendiary device.

*NOTE: Nothing in this definition is meant to alter or affect compliance with state or local incident reporting requirements. In states with mandatory reporting, the state program manager determines which optional modules (EMS, HazMat, Wildland, Arson, etc.) are to be submitted to the state.*

The Arson Module consists of two parts: a local investigation module which permits a fire department or arson investigation unit to document certain details concerning the incident; and a juvenile firesetter section which identifies key items of information that could be used for local, state, and national intervention programs.

Many arson investigation units utilize an arson information management system to collect and compile information on

arson incidents. This module is not intended to replace those systems, but to identify data elements that could be exported to the NFIRS system and included as an integral part of the U.S. Fire Administration (USFA) National Fire Database and the Bureau of Alcohol, Tobacco and Firearms, Arson and Explosives National Repository (ATF).

*Section A*

**Section A: FDID, State, Incident Date, Station, Incident Number, Exposure**

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<b>A</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Delete	<b>NFIRS - 11 Arson</b>
	FDID ☆	State ☆	MM DD Incident Date ☆	YYYY	Station	Incident Number ☆	Exposure ☆	<input type="checkbox"/> Change				

This information is consistent with that in the Basic Module. With it, you can recall the incident from the computer program or print a hard copy of an incident. In an automated system, some systems may allow you to enter a data element one time and it will automatically fill in all fields where that information is required. When using hard copies you will have to enter the Section A information for every module.

*Section B*

**Section B: Agency Referred To**

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<b>B</b>	<b>Agency Referred To</b>	<input type="checkbox"/> None	<input type="text"/>	<input type="text"/>
			Street Address	Their Case Number
	<input type="text"/>	<input type="text"/>	Agency Name	City
	<input type="text"/>	<input type="text"/>	Their ORI	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Agency Phone Number	State	Zip Code	Their Federal Identifier (FID)
				Their FDID

This section identifies the agency, if any, that the incident was referred to for follow-up investigation. This could be a law enforcement agency that has jurisdiction for a criminal investigation or another fire department that may have been requested to conduct the investigation.

This information provides the details necessary to contact the agency that conducted any follow-up of the incident. It also allows for the collection, compilation, and analysis of all data associated with a specific incident.

ORI - is the unique identification number assigned to law enforcement agencies (towns, cities, counties, state police agencies, and some colleges and universities) participating in the FBI's Uniform Crime Reporting (UCR) system or the National Incident Based Reporting System (NIBRS).

FID - is a two-character identification number used by federal departments to submit crime data to UCR/ NIBRS gathered by its dependent bureau/agencies.

The ORI plus the FID and the incident number provide the necessary uniqueness to avoid the duplication of reported incidents.

*Section C*

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**Section C: Case Status**

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- |   |  |
|---|--|
| <b>C Case Status</b>                              |  |
| 1 <input type="checkbox"/> Investigation open     | 4 <input type="checkbox"/> Closed with arrest                |
| 2 <input type="checkbox"/> Investigation closed   | 5 <input type="checkbox"/> Closed with exceptional clearance |
| 3 <input type="checkbox"/> Investigation inactive |  |

Section C identifies the status of the investigation at the time the report was filed. This information is useful in tracking the closure rate of investigations as well as providing information to other agencies concerning the status of cases that may be linked to cases they are investigating.

*Section D*

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**Section D: Availability of Material First Ignited**

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- |   |  |
|---|--|
| <b>D Availability of Material First Ignited</b> |  |
| 1 <input type="checkbox"/> Transported to scene |  |
| 2 <input type="checkbox"/> Available at scene   |  |
| U <input type="checkbox"/> Unknown              |  |

This section identifies the availability of an ignition source (including matches and lighters) to the initial ignition. This information permits analysis of firesetting methods and trends and can assist in the development of prevention and intervention strategies.

*Section E*

**Section E: Suspected Motivation Factors**

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<b>E Suspected Motivation Factors</b>			Check up to three factors
11 <input type="checkbox"/> Extortion 12 <input type="checkbox"/> Labor unrest 13 <input type="checkbox"/> Insurance fraud 14 <input type="checkbox"/> Intimidation 15 <input type="checkbox"/> Void contract/lease 21 <input type="checkbox"/> Personal	22 <input type="checkbox"/> Hate crime 23 <input type="checkbox"/> Institutional 24 <input type="checkbox"/> Societal 31 <input type="checkbox"/> Protest 32 <input type="checkbox"/> Civil unrest 41 <input type="checkbox"/> Fireplay/curiosity	42 <input type="checkbox"/> Vanity/recognition 43 <input type="checkbox"/> Thrills 44 <input type="checkbox"/> Attention/sympathy 45 <input type="checkbox"/> Sexual excitement 51 <input type="checkbox"/> Homicide 52 <input type="checkbox"/> Suicide 53 <input type="checkbox"/> Domestic violence	54 <input type="checkbox"/> Burglary 61 <input type="checkbox"/> Homicide concealment 62 <input type="checkbox"/> Burglary concealment 63 <input type="checkbox"/> Auto theft concealment 64 <input type="checkbox"/> Destroy records/evidence 00 <input type="checkbox"/> Other motivation UU <input type="checkbox"/> Unknown motivation

Indicates the suspected stimulus that caused the subject(s) to burn, or attempt to burn, any real or personal property. This permits analysis of arson trends based on the possible motivation for the crime. You may select up to three factors.

*Section F*

**Section F: Apparent Group Involvement**

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<b>F Apparent Group Involvement</b>		Check up to three factors
<input type="checkbox"/> Terrorist group <input type="checkbox"/> Gang <input type="checkbox"/> Anti-government group <input type="checkbox"/> Outlaw motorcycle organization <input type="checkbox"/> Organized crime <input type="checkbox"/> Racial/ethnic hate group <input type="checkbox"/> Religious hate group <input type="checkbox"/> Sexual preference hate group <input type="checkbox"/> Other group <input type="checkbox"/> No group involvement, acted alone <input type="checkbox"/> Unknown		

This section identifies whether the suspect(s) were motivated to commit the arson act because of involvement in a larger group or organization or as a means to promote the cause of a larger group or organization.

This information will permit analysis of arson trends based on participation in criminal groups or organizations. You may add up to three factors.

Section G

Section G: Entry Method/Extent of Fire Involvement  
on Arrival

Block G<sub>1</sub>

<b>G<sub>1</sub></b> Entry Method
<input type="text"/>
Entry Method

Block G<sub>1</sub> indicates how the offender(s) gained entrance to the property. This provides additional information on the case and tracks common methods of entry for later analysis and linking of cases.

Entry Method	
11 Door—open or unlocked	21 Vent
12 Door—forced or broken	22 Attic/roof
13 Window—open or unlocked	23 Key
14 Window—forced or broken	24 Help from inside
15 Gate—open or unlocked	25 Wall
16 Gate—forced or broken	26 Crawl space
17 Locks—pried	27 Hid in/on premises
18 Locks—cut	00 Other
19 Floor entry	UU Unknown

Block G<sub>2</sub> documents the fire department's observation of the extent of the fire's involvement when they arrived at the incident scene.

Block G<sub>2</sub>

<b>G<sub>2</sub></b> Extent of Fire Involvement on Arrival
<input type="text"/>
Extent of Fire Involvement

Extent of Fire Involvement on Arrival
0 No flame or smoke showing
1 Smoke only showing
2 Flame and smoke showing
3 Fire through roof
4 Fully involved

This provides information about the speed and the pattern of flame spread that is helpful to case investigators.

*Section H*

**Section H: Incendiary/Devices**

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This section documents the container, ignition and delay devices, and fuel that were used to burn or attempt to burn any real or personal property.

This provides additional details on the case and tracks common containers and devices for later analysis and linking of cases.

<b>H Incendiary Devices</b>		NN <input type="checkbox"/> None
Select one from each category		
<b>CONTAINER</b>		
11 <input type="checkbox"/> Bottle (glass)	14 <input type="checkbox"/> Pressurized Container	17 <input type="checkbox"/> Box
12 <input type="checkbox"/> Bottle (plastic)	15 <input type="checkbox"/> Can	00 <input type="checkbox"/> Other Container
13 <input type="checkbox"/> Jug	16 <input type="checkbox"/> Gasoline or fuel can	UU <input type="checkbox"/> Unknown
<b>IGNITION/DELAY DEVICE</b>		
NN <input type="checkbox"/> None		
11 <input type="checkbox"/> Wick or Fuse	17 <input type="checkbox"/> Road flare/fuse	
12 <input type="checkbox"/> Candle	18 <input type="checkbox"/> Chemical Component	
13 <input type="checkbox"/> Cigarette & Matchbook	19 <input type="checkbox"/> Trailer/Streamer	
14 <input type="checkbox"/> Electronic Component	20 <input type="checkbox"/> Open flame source	
15 <input type="checkbox"/> Mechanical Device	00 <input type="checkbox"/> Other delay device	
16 <input type="checkbox"/> Remote Control	UU <input type="checkbox"/> Unknown	
<b>FUEL</b>		
NN <input type="checkbox"/> None		
11 <input type="checkbox"/> Ordinary Combustibles	16 <input type="checkbox"/> Pyrotechnic material	
12 <input type="checkbox"/> Flammable gas	17 <input type="checkbox"/> Explosive material	
14 <input type="checkbox"/> Ignitable liquid	00 <input type="checkbox"/> Other material	
15 <input type="checkbox"/> Ignitable solid	UU <input type="checkbox"/> Unknown	

This section is divided into three categories: container, ignition/delay device, and fuel. Select one item from each category.

*Section I*

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**Section I: Other Investigative Information**

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<b>I</b>	
<b>Other Investigative Information</b>	
Check all that apply	
1	<input type="checkbox"/> Code violations
2	<input type="checkbox"/> Structure for sale
3	<input type="checkbox"/> Structure vacant
4	<input type="checkbox"/> Other crimes involved
5	<input type="checkbox"/> Illicit drug activity
6	<input type="checkbox"/> Change in insurance
7	<input type="checkbox"/> Financial problem
8	<input type="checkbox"/> Criminal/Civil actions pending

This section collects other useful investigative information pertinent to the case, such as code violations, whether the property was vacant or for sale, changes in insurance, etc. Mark all that apply. Tracking of these possible indicators of arson will be helpful for later analysis and linking of cases.

*Section J*

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**Section J: Property Ownership**

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<b>J</b>	
<b>Property Ownership</b>	
1	<input type="checkbox"/> Private
2	<input type="checkbox"/> City, town, village, local
3	<input type="checkbox"/> County or parish
4	<input type="checkbox"/> State or province
5	<input type="checkbox"/> Federal
6	<input type="checkbox"/> Foreign
7	<input type="checkbox"/> Military
0	<input type="checkbox"/> Other

This section documents the ownership of the property involved in the arson. Mark all that apply.

Section K

Section K: Initial Observations

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Initial Observations	
1 <input type="checkbox"/> Windows ajar	5 <input type="checkbox"/> Fire department forced entry
2 <input type="checkbox"/> Doors ajar	6 <input type="checkbox"/> Forced entry prior to FD arrival
3 <input type="checkbox"/> Doors locked	7 <input type="checkbox"/> Security system activated
4 <input type="checkbox"/> Doors unlocked	8 <input type="checkbox"/> Security present, (didn't activate)

This section identifies important initial observations made at the incident scene relating to the property's secure status or circumvention of the security systems if present. Mark all that apply.

Section L

Section L: Laboratory Used

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L Laboratory Used		Check all that apply	
1 <input type="checkbox"/> Local	3 <input type="checkbox"/> ATF	5 <input type="checkbox"/> Other	6 <input type="checkbox"/> Private
2 <input type="checkbox"/> State	4 <input type="checkbox"/> FBI	Federal	N <input type="checkbox"/> None

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This section identifies the laboratory(ies), if any, that conducted analysis of evidence. This information is helpful in the collection and analysis of all data associated with a specific incident. Mark all appropriate boxes.

Juvenile  
Firesetter  
Module

JUVENILE FIRESETTER MODULE: NFIRS 11

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Use this module to document information concerning juvenile-set fires, whether determined to be intentional or not. This information will permit analysis of juvenile firesetting trends including intervention strategies and recidivism.

*NOTE: This module is completed only for fires where the person(s) involved in the ignition of the fire was a child or juvenile under the age of 18.*

*Section A*

**Section A: FDID, State, Incident Date, Station,  
Incident Number, Exposure**

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<b>A</b>	FDID ☆	State ☆	MM	DD	YYYY	Incident Date ☆	Station	Incident Number ☆	Exposure ☆	<input type="checkbox"/> Delete	<b>NFIRS - 11 Juvenile Firesetter</b>

This information is the same as that in the Basic Module. With it, you can recall the incident from the computer program or print a hard copy of an incident. In an automated system, some systems may allow you to enter a data element one time and it will automatically fill-in all fields where that information is required. When using hard copies you will have to enter the section A information for every module.

*Section M*

**Section M: Subject Information**

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If more than one subject is involved in the fire's ignition, complete this section for each subject under age 18.

*Block M<sub>1</sub>*

<b>M<sub>1</sub></b>	<b>Subject Number</b>
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> Subject Number	

Use Block M<sub>1</sub> to assign a number to each juvenile subject under the age of 18 involved in the fire's ignition. The purpose of this field is to allow tracking of any subject less than 18 years of age and analysis and of tracking juvenile firesetter trends.

*Block M<sub>2</sub>*

<b>M<sub>2</sub></b>	<b>Age or Date of Birth</b>
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> Age (in years)	
<b>OR</b>	
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> </div> Month      Day      Year	

Block M<sub>2</sub> documents the age (or date of birth) of the subject in years at the time of the incident. This information can be used with other demographic information to identify arson problems in certain segments of the population and to target arson prevention programs for certain audiences. This data element is particularly useful in tracking juvenile firesetter trends.

*Block M<sub>3</sub>*

<b>M<sub>3</sub></b>	<b>Gender</b>
1 <input type="checkbox"/>	Male
2 <input type="checkbox"/>	Female

Block M<sub>3</sub> identifies the gender of the subject. The subject's gender can be used with other demographic information to identify arson problems in certain segments of the population and to target arson prevention programs for certain audiences.

*Block M<sub>4</sub>*

<b>M<sub>4</sub></b>	<b>Race</b>
1 <input type="checkbox"/>	White
2 <input type="checkbox"/>	Black
3 <input type="checkbox"/>	Am. Indian, Eskimo
4 <input type="checkbox"/>	Asian
0 <input type="checkbox"/>	Other, multi-racial
U <input type="checkbox"/>	Undetermined

Block M<sub>4</sub> identifies the subject as a certain race based on U.S. Census Bureau categories. This information can be used with other demographic information to identify arson problems in certain segments of the population and to target arson prevention programs for certain audiences.

*Block M<sub>5</sub>*

<b>M<sub>5</sub></b>	<b>Ethnicity</b>
<input type="checkbox"/>	Hispanic

Block M<sub>5</sub> identifies the ethnicity of the subject. Ethnicity is an ethnic classification or affiliation. "Hispanic" is the only U.S.

Census Bureau classification. Hispanic is not considered a race, because a person can be black and Hispanic, white and Hispanic, etc.

**Ethnicity**—Designation of a population subgroup that has common cultural heritage, as distinguished by customs, characteristics, language, common history, etc.

This information can be used with other demographic information to identify arson problems in certain segments of the population and to target arson prevention programs for certain audiences.

*Block M<sub>6</sub>*

<b>M<sub>6</sub></b> Family Type	
1	<input type="checkbox"/> Single parent
2	<input type="checkbox"/> Foster parent(s)
3	<input type="checkbox"/> Two parent family
4	<input type="checkbox"/> Extended family
N	<input type="checkbox"/> No family unit
0	<input type="checkbox"/> Other family type
U	<input type="checkbox"/> Unknown

Block M<sub>6</sub> describes the subject's family type. Information on family type will assist researchers in determining those risk factors that may be a predictor of juvenile firesetting, delinquency, and adult arson.

*Block M<sub>7</sub>*

<b>M<sub>7</sub></b>	<b>Motivation/Risk Factors</b>	Check only one of codes 1-3 and then all others that
	1	<input type="checkbox"/> Mild curiosity about fire
	2	<input type="checkbox"/> Moderate curiosity about fire
	3	<input type="checkbox"/> Extreme curiosity about fire
	4	<input type="checkbox"/> Diagnosed (or suspected) ADD/ADHD
	5	<input type="checkbox"/> History of trouble outside school
	6	<input type="checkbox"/> History of stealing or shoplifting
	7	<input type="checkbox"/> History of physically assaulting others
	8	<input type="checkbox"/> History of fireplay or firesetting
	9	<input type="checkbox"/> Transiency
	0	<input type="checkbox"/> Other
U	<input type="checkbox"/> Unknown	

Block M<sub>7</sub> documents the stimulus and/or risk factors that were present and constituted a possible motivation for the subject(s) to burn, or attempt to burn, any real or personal property.

The risk factors listed are those that research has shown to be predictors of juvenile firesetting, delinquency and adult arson. However, data on juvenile firesetters is extremely limited and this information will be useful in determining if these risk factors are valid or if others are more predictive. This information will also be helpful in tracking juvenile firesetting trends and in the development of prevention and intervention strategies.

Of the motivation and risk factors listed, only one should be selected concerning "Curiosity about fire" (codes 1-3). All other motivation and risk factors that apply should then be selected.



*Summary*

**SUMMARY**

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The Arson Module may be used whenever the “Cause of Ignition” (NFIRS-2 E1) is coded as “Intentional,” or as “Under investigation” without any distinction made as to whether or not a crime has occurred, or a determination of criminal intent. The Arson Module may also be used when the fire is under investigation or in cases where the cause is “Undetermined after investigation.”

The Arson Module may also be used to document juvenile-set fires, whether determined to be intentional or not. This information will permit analysis of juvenile firesetting trends, including intervention strategies and repeated activity.

## **EXAMPLE: RESTAURANT FIRE**

*Directions: Read the call information in the example below. Then look at the completed Arson and Juvenile Firesetter Module Form. Look at each section and follow along with the proper use of the information as applicable to the Arson and Juvenile Firesetter Module.*

**Department FDID#TR100 received Box Alarm 1-12 at 2:15 a.m. on May 20, 2000, for a reported building fire at the corner of 1st and 15th Ave. The fire was reported by police on a routine patrol. Incident #9300324 was assigned. Engine 1 arrived on the scene and reported heavy fire coming from the rear of a restaurant. After forcible entry through the front door, a semi-conscious victim was found lying near the entrance. The victim was taken outside where he identified himself as the store owner.**

**The fire was brought under control within 25 minutes. However, two firefighters received minor burns on their hands and necks. A fire investigator was called to the scene. During the overhaul process a five gallon gasoline container was found near the point of a rescue. Through radio communications, the scene commander was advised that the fire investigator was one hour away. The captain was also advised to start a preliminary investigation. The captain found the back door of the restaurant had been forced open, the cash register had been broken into, and the office area had been ransacked. He also noted that a strong odor of gasoline was present and found the remainder of a flare in the office area.**

**The restaurant layout was divided into three areas - a kitchen with an attached office, a serving area, and a dining area. The investigator learned that the restaurant was being forced to close due to several fire and health code violations. When the investigator called the alarm monitoring company, he was told that the alarm system contract had been canceled due to lack of payment.**

**A car was found in the rear of the restaurant that contained several bottles of alcohol and computer equipment that seemed to have been removed from the restaurant. Later in the investigation, evidence was found showing that the owner had filed for bankruptcy but had continued paying fire insurance payments. The owner was arrested and charged with arson.**

**NFIRS 5.0 SELF STUDY PROGRAM  
ARSON AND JUVENILE FIRESETTER MODULE: NFIRS 11**

<b>A</b>	FDID <input type="text" value="TR11010"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change	State <input type="text" value="KS"/> <input type="checkbox"/> Change	Incident Date <input type="text" value="05"/> <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="02"/>	Station <input type="text" value="001"/>	Incident Number <input type="text" value="9300324"/> <input type="checkbox"/> Change	Exposure <input type="text" value="000"/> <input type="checkbox"/> Change	<b>NFIRS - 11 Arson</b>
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<b>B</b>	Agency Referred To <input checked="" type="checkbox"/> None	<input type="text" value=""/>	<input type="text" value=""/>
	Agency Name <input type="text" value=""/>	City <input type="text" value=""/>	Their ORI <input type="text" value=""/>
	Agency Phone Number <input type="text" value=""/>	State <input type="text" value=""/>	Zip Code <input type="text" value=""/>
		Their Case Number <input type="text" value=""/>	Their Federal Identifier (FID) <input type="text" value=""/>
		Their Case Number <input type="text" value=""/>	Their FDID <input type="text" value=""/>

<b>C Case Status</b>	<b>D Availability of Material First Ignited</b>
1 <input type="checkbox"/> Investigation open 2 <input type="checkbox"/> Investigation closed 3 <input type="checkbox"/> Investigation inactive 4 <input checked="" type="checkbox"/> Closed with arrest 5 <input type="checkbox"/> Closed with exceptional clearance	1 <input checked="" type="checkbox"/> Transported to scene 2 <input type="checkbox"/> Available at scene U <input type="checkbox"/> Unknown

<b>E</b>	Suspected Motivation Factors	Check up to three factors
11 <input type="checkbox"/> Extortion	22 <input type="checkbox"/> Hate crime	42 <input type="checkbox"/> Vanity/recognition
12 <input type="checkbox"/> Labor unrest	23 <input type="checkbox"/> Institutional	43 <input type="checkbox"/> Thrills
13 <input checked="" type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input type="checkbox"/> Attention/sympathy
14 <input type="checkbox"/> Intimidation	31 <input type="checkbox"/> Protest	45 <input type="checkbox"/> Sexual excitement
15 <input type="checkbox"/> Void contract/lease	32 <input type="checkbox"/> Civil unrest	51 <input type="checkbox"/> Homicide
21 <input type="checkbox"/> Personal	41 <input type="checkbox"/> Fireplay/curiosity	52 <input type="checkbox"/> Suicide
		53 <input type="checkbox"/> Domestic violence
		54 <input type="checkbox"/> Burglary
		61 <input type="checkbox"/> Homicide concealment
		62 <input checked="" type="checkbox"/> Burglary concealment
		63 <input type="checkbox"/> Auto theft concealment
		64 <input type="checkbox"/> Destroy records/evidence
		00 <input type="checkbox"/> Other motivation
		UU <input type="checkbox"/> Unknown motivation

<b>F Apparent Group Involvement</b>	<b>H Incendiary Devices</b>
Check up to three factors	Select one from each category
1 <input type="checkbox"/> Terrorist group 2 <input type="checkbox"/> Gang 3 <input type="checkbox"/> Anti-government group 4 <input type="checkbox"/> Outlaw motorcycle organization 5 <input type="checkbox"/> Organized crime 6 <input type="checkbox"/> Racial/ethnic hate group 7 <input type="checkbox"/> Religious hate group 8 <input type="checkbox"/> Sexual preference hate group 0 <input type="checkbox"/> Other group N <input checked="" type="checkbox"/> No group involvement, acted alone U <input type="checkbox"/> Unknown	<b>CONTAINER</b> <span style="float:right">NN <input type="checkbox"/> None</span> 11 <input type="checkbox"/> Bottle (glass)    14 <input type="checkbox"/> Pressurized Container    17 <input type="checkbox"/> Box 12 <input type="checkbox"/> Bottle (plastic)    15 <input type="checkbox"/> Can    00 <input type="checkbox"/> Other Container 13 <input type="checkbox"/> Jug    16 <input checked="" type="checkbox"/> Gasoline or fuel can    UU <input type="checkbox"/> Unknown
	<b>IGNITION/DELAY DEVICE</b> <span style="float:right">NN <input type="checkbox"/> None</span> 11 <input type="checkbox"/> Wick or Fuse    17 <input checked="" type="checkbox"/> Road flare/fuse 12 <input type="checkbox"/> Candle    18 <input type="checkbox"/> Chemical Component 13 <input type="checkbox"/> Cigarette & Matchbook    19 <input type="checkbox"/> Trailer/Streamer 14 <input type="checkbox"/> Electronic Component    20 <input type="checkbox"/> Open flame source 15 <input type="checkbox"/> Mechanical Device    00 <input type="checkbox"/> Other delay device 16 <input type="checkbox"/> Remote Control    UU <input type="checkbox"/> Unknown
<b>G1 Entry Method</b>	<b>FUEL</b> <span style="float:right">NN <input type="checkbox"/> None</span> 11 <input checked="" type="checkbox"/> Ordinary Combustibles    16 <input type="checkbox"/> Pyrotechnic material 12 <input type="checkbox"/> Flammable gas    17 <input type="checkbox"/> Explosive material 14 <input type="checkbox"/> Ignitable liquid    00 <input type="checkbox"/> Other material 15 <input type="checkbox"/> Ignitable solid    UU <input type="checkbox"/> Unknown
<b>G2 Extent of Fire Involvement on Arrival</b>	
<input type="text" value="12"/> <input type="text" value="Door—Forced Open"/>	
Entry Method	
<input type="text" value="3"/> <input type="text" value="Flame and Smoke Showing"/>	
Extent of Fire Involvement	

<b>I Other Investigative Information</b>	<b>J Property Ownership</b>	<b>K Initial Observations</b>
Check all that apply		Check all that apply
1 <input checked="" type="checkbox"/> Code violations 2 <input type="checkbox"/> Structure for sale 3 <input type="checkbox"/> Structure vacant 4 <input type="checkbox"/> Other crimes involved 5 <input type="checkbox"/> Illicit drug activity 6 <input type="checkbox"/> Change in insurance 7 <input checked="" type="checkbox"/> Financial problem 8 <input type="checkbox"/> Criminal/Civil actions pending	1 <input checked="" type="checkbox"/> Private 2 <input type="checkbox"/> City, town, village, local 3 <input type="checkbox"/> County or parish 4 <input type="checkbox"/> State or province 5 <input type="checkbox"/> Federal 6 <input type="checkbox"/> Foreign 7 <input type="checkbox"/> Military 0 <input type="checkbox"/> Other	1 <input type="checkbox"/> Windows ajar    5 <input checked="" type="checkbox"/> Fire department forced entry 2 <input type="checkbox"/> Doors ajar    6 <input type="checkbox"/> Forced entry prior to FD arrival 3 <input type="checkbox"/> Doors locked    7 <input type="checkbox"/> Security system activated 4 <input type="checkbox"/> Doors unlocked    8 <input type="checkbox"/> Security present, (didn't activate)
		<b>L Laboratory Used</b>
		Check all that apply
		1 <input type="checkbox"/> Local    3 <input type="checkbox"/> ATF    5 <input type="checkbox"/> Other    6 <input type="checkbox"/> Private 2 <input type="checkbox"/> State    4 <input type="checkbox"/> FBI    Federal    N <input checked="" type="checkbox"/> None

NFIRS-11 Revision

## EXERCISE SCENARIO 11-1: MATTRESS FIRE

*Directions: Read the call information in the exercise below. Use the information provided to complete the Arson and Juvenile Firesetter Module form. Compare your work to the answers provided on the subsequent completed Arson and Juvenile Firesetter Module form. If your answers are different from the ones provided, read over the Arson and Juvenile Firesetter Module again.*

**It is 1000 hours on Saturday, the 23rd of May 1998 when your engine with four personnel is dispatched to a fire reported out in a residence at 400 Liberty Way. Upon arrival, at 1003hrs. and Incident # 4369, you find a mattress smoldering on the curb. You also note a Caucasian woman in her mid-thirties on the front lawn, apparently scolding a young boy.**

**The woman approaches you and identifies herself as Susan Morash. She tells you that her 7-year old son, Stephen was “playing with matches” in his bedroom, and caught his mattress on fire. She was able to extinguish the fire with a bucket of water, and her neighbors helped her pull the mattress out to the curb, but the bedroom still smells of smoke.**

**You send the crew in to investigate, check for extension, and ventilate the room, while you continue to interview the mother. Ms. Morash tells you that Stevie has been a lot of trouble ever since his father disappeared. She confides in you that his father became president of a national organization, and has not been seen or heard from since, and that was more than a year ago. She says Stevie was recently diagnosed as ADHD and has been in trouble for shoplifting, but he has never started a fire on purpose. According to Ms. Morash, her son recently exhibited some curiosity about fire, but she was quick to point out that this fire was an “accident”, as was the fire he started in the bushes last week. The field fire last month, relates Ms. Morash, “was Bobby’s fault, not Stevie’s.”**

**You obtain permission from Ms. Morash to talk with Stephen. He tells you that he was “bored” and “playing with matches” when one burned his fingers and he dropped it on the mattress. Stephen admits having set two or three other fires, but says they were all “accidents.” the scene at 1030 hrs.**

**Upon return of your crew, they advise of no fire extension, but they found some evidence of a previous fire in the closet. They also report finding a lighter next to the bed frame and box springs. You note that the mattress appears to have been ignited by direct flame contact on the side, which would not have been caused by “dropping a match” on it.**

**You advise Ms. Morash of your findings and that a public education officer would be calling her to discuss the department’s juvenile firesetter intervention program. She does not argue, but instead nods in seeming agreement.**

**Upon your return to quarters, you call the fire prevention bureau and refer Stevie Morash to the public education officer on duty.**

**NFIRS 5.0 SELF STUDY PROGRAM  
ARSON AND JUVENILE FIRESETTER MODULE: NFIRS 11**

<b>A</b>	<input type="text" value="TR11010"/> FDID <input type="checkbox"/> Delete <input type="checkbox"/> Change	<input type="text" value="KS"/> State	<input type="text" value="05"/> MM <input type="text" value="20"/> DD <input type="text" value="201012"/> YYYY Incident Date	<input type="text" value="001"/> Station	<input type="text" value="9300324"/> Incident Number	<input type="text" value="000"/> Exposure	<b>NFIRS - 11 Arson</b>
----------	---	---------------------------------------	--	--	--	---	-----------------------------

<b>B</b>	<b>Agency Referred To</b> <input checked="" type="checkbox"/> None	<input type="text"/>	<input type="text"/>
		Street Address	Their Case Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Agency Name	City	Their ORI
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> State <input type="text"/> Zip Code	<input type="text"/> Their Federal Identifier (FID) <input type="text"/> Their FDID

<b>C Case Status</b>	<b>D Availability of Material First Ignited</b>
1 <input type="checkbox"/> Investigation open 2 <input type="checkbox"/> Investigation closed 3 <input type="checkbox"/> Investigation inactive 4 <input checked="" type="checkbox"/> Closed with arrest 5 <input type="checkbox"/> Closed with exceptional clearance	1 <input checked="" type="checkbox"/> Transported to scene 2 <input type="checkbox"/> Available at scene U <input type="checkbox"/> Unknown

<b>E</b>	<b>Suspected Motivation Factors</b>	Check up to three factors
	11 <input type="checkbox"/> Extortion 12 <input type="checkbox"/> Labor unrest 13 <input checked="" type="checkbox"/> Insurance fraud 14 <input type="checkbox"/> Intimidation 15 <input type="checkbox"/> Void contract/lease 21 <input type="checkbox"/> Personal 22 <input type="checkbox"/> Hate crime 23 <input type="checkbox"/> Institutional 24 <input type="checkbox"/> Societal 31 <input type="checkbox"/> Protest 32 <input type="checkbox"/> Civil unrest 41 <input type="checkbox"/> Fireplay/curiosity 42 <input type="checkbox"/> Vanity/recognition 43 <input type="checkbox"/> Thrills 44 <input type="checkbox"/> Attention/sympathy 45 <input type="checkbox"/> Sexual excitement 51 <input type="checkbox"/> Homicide 52 <input type="checkbox"/> Suicide 53 <input type="checkbox"/> Domestic violence 54 <input type="checkbox"/> Burglary 61 <input type="checkbox"/> Homicide concealment 62 <input checked="" type="checkbox"/> Burglary concealment 63 <input type="checkbox"/> Auto theft concealment 64 <input type="checkbox"/> Destroy records/evidence 00 <input type="checkbox"/> Other motivation UU <input type="checkbox"/> Unknown motivation	

<b>F Apparent Group Involvement</b>	<b>H Incendiary Devices</b>																																																
Check up to three factors	Select one from each category																																																
1 <input type="checkbox"/> Terrorist group 2 <input type="checkbox"/> Gang 3 <input type="checkbox"/> Anti-government group 4 <input type="checkbox"/> Outlaw motorcycle organization 5 <input type="checkbox"/> Organized crime 6 <input type="checkbox"/> Racial/ethnic hate group 7 <input type="checkbox"/> Religious hate group 8 <input type="checkbox"/> Sexual preference hate group 0 <input type="checkbox"/> Other group N <input checked="" type="checkbox"/> No group involvement, acted alone U <input type="checkbox"/> Unknown	<table style="width:100%;"> <tr> <td style="width:33%;"><b>CONTAINER</b></td> <td style="width:33%;"><b>NN</b> <input type="checkbox"/> None</td> <td style="width:33%;"></td> </tr> <tr> <td>11 <input type="checkbox"/> Bottle (glass)</td> <td>14 <input type="checkbox"/> Pressurized Container</td> <td>17 <input type="checkbox"/> Box</td> </tr> <tr> <td>12 <input type="checkbox"/> Bottle (plastic)</td> <td>15 <input type="checkbox"/> Can</td> <td>00 <input type="checkbox"/> Other Container</td> </tr> <tr> <td>13 <input type="checkbox"/> Jug</td> <td>16 <input checked="" type="checkbox"/> Gasoline or fuel can</td> <td>UU <input type="checkbox"/> Unknown</td> </tr> </table> <table style="width:100%;"> <tr> <td style="width:33%;"><b>IGNITION/DELAY DEVICE</b></td> <td style="width:33%;"><b>NN</b> <input type="checkbox"/> None</td> <td style="width:33%;"></td> </tr> <tr> <td>11 <input type="checkbox"/> Wick or Fuse</td> <td>17 <input checked="" type="checkbox"/> Road flare/fuse</td> <td></td> </tr> <tr> <td>12 <input type="checkbox"/> Candle</td> <td>18 <input type="checkbox"/> Chemical Component</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/> Cigarette &amp; Matchbook</td> <td>19 <input type="checkbox"/> Trailer/Streamer</td> <td></td> </tr> <tr> <td>14 <input type="checkbox"/> Electronic Component</td> <td>20 <input type="checkbox"/> Open flame source</td> <td></td> </tr> <tr> <td>15 <input type="checkbox"/> Mechanical Device</td> <td>00 <input type="checkbox"/> Other delay device</td> <td></td> </tr> <tr> <td>16 <input type="checkbox"/> Remote Control</td> <td>UU <input type="checkbox"/> Unknown</td> <td></td> </tr> </table> <table style="width:100%;"> <tr> <td style="width:33%;"><b>FUEL</b></td> <td style="width:33%;"><b>NN</b> <input type="checkbox"/> None</td> <td style="width:33%;"></td> </tr> <tr> <td>11 <input checked="" type="checkbox"/> Ordinary Combustibles</td> <td>16 <input type="checkbox"/> Pyrotechnic material</td> <td></td> </tr> <tr> <td>12 <input type="checkbox"/> Flammable gas</td> <td>17 <input type="checkbox"/> Explosive material</td> <td></td> </tr> <tr> <td>14 <input type="checkbox"/> Ignitable liquid</td> <td>00 <input type="checkbox"/> Other material</td> <td></td> </tr> <tr> <td>15 <input type="checkbox"/> Ignitable solid</td> <td>UU <input type="checkbox"/> Unknown</td> <td></td> </tr> </table>	<b>CONTAINER</b>	<b>NN</b> <input type="checkbox"/> None		11 <input type="checkbox"/> Bottle (glass)	14 <input type="checkbox"/> Pressurized Container	17 <input type="checkbox"/> Box	12 <input type="checkbox"/> Bottle (plastic)	15 <input type="checkbox"/> Can	00 <input type="checkbox"/> Other Container	13 <input type="checkbox"/> Jug	16 <input checked="" type="checkbox"/> Gasoline or fuel can	UU <input type="checkbox"/> Unknown	<b>IGNITION/DELAY DEVICE</b>	<b>NN</b> <input type="checkbox"/> None		11 <input type="checkbox"/> Wick or Fuse	17 <input checked="" type="checkbox"/> Road flare/fuse		12 <input type="checkbox"/> Candle	18 <input type="checkbox"/> Chemical Component		13 <input type="checkbox"/> Cigarette & Matchbook	19 <input type="checkbox"/> Trailer/Streamer		14 <input type="checkbox"/> Electronic Component	20 <input type="checkbox"/> Open flame source		15 <input type="checkbox"/> Mechanical Device	00 <input type="checkbox"/> Other delay device		16 <input type="checkbox"/> Remote Control	UU <input type="checkbox"/> Unknown		<b>FUEL</b>	<b>NN</b> <input type="checkbox"/> None		11 <input checked="" type="checkbox"/> Ordinary Combustibles	16 <input type="checkbox"/> Pyrotechnic material		12 <input type="checkbox"/> Flammable gas	17 <input type="checkbox"/> Explosive material		14 <input type="checkbox"/> Ignitable liquid	00 <input type="checkbox"/> Other material		15 <input type="checkbox"/> Ignitable solid	UU <input type="checkbox"/> Unknown	
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12 <input type="checkbox"/> Bottle (plastic)	15 <input type="checkbox"/> Can	00 <input type="checkbox"/> Other Container																																															
13 <input type="checkbox"/> Jug	16 <input checked="" type="checkbox"/> Gasoline or fuel can	UU <input type="checkbox"/> Unknown																																															
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14 <input type="checkbox"/> Ignitable liquid	00 <input type="checkbox"/> Other material																																																
15 <input type="checkbox"/> Ignitable solid	UU <input type="checkbox"/> Unknown																																																
<b>G1 Entry Method</b>																																																	
<input type="text" value="12"/> <input type="text" value="Door—Forced Open"/>																																																	
<b>G2 Extent of Fire Involvement on Arrival</b>																																																	
<input type="text" value="3"/> <input type="text" value="Flame and Smoke Showing"/>																																																	

<b>I Other Investigative Information</b>	<b>J Property Ownership</b>	<b>K Initial Observations</b>
Check all that apply		Check all that apply
1 <input checked="" type="checkbox"/> Code violations 2 <input type="checkbox"/> Structure for sale 3 <input type="checkbox"/> Structure vacant 4 <input type="checkbox"/> Other crimes involved 5 <input type="checkbox"/> Illicit drug activity 6 <input type="checkbox"/> Change in insurance 7 <input checked="" type="checkbox"/> Financial problem 8 <input type="checkbox"/> Criminal/Civil actions pending	1 <input checked="" type="checkbox"/> Private 2 <input type="checkbox"/> City, town, village, local 3 <input type="checkbox"/> County or parish 4 <input type="checkbox"/> State or province 5 <input type="checkbox"/> Federal 6 <input type="checkbox"/> Foreign 7 <input type="checkbox"/> Military 0 <input type="checkbox"/> Other	1 <input type="checkbox"/> Windows ajar 2 <input type="checkbox"/> Doors ajar 3 <input type="checkbox"/> Doors locked 4 <input type="checkbox"/> Doors unlocked 5 <input checked="" type="checkbox"/> Fire department forced entry 6 <input type="checkbox"/> Forced entry prior to FD arrival 7 <input type="checkbox"/> Security system activated 8 <input type="checkbox"/> Security present, (didn't activate)
		<b>L Laboratory Used</b>
		Check all that apply
		1 <input type="checkbox"/> Local 2 <input type="checkbox"/> State 3 <input type="checkbox"/> ATF 4 <input type="checkbox"/> FBI 5 <input type="checkbox"/> Other Federal 6 <input type="checkbox"/> Private N <input checked="" type="checkbox"/> None

NFIRS-11 Revision







## EXERCISE SCENARIO 11-2: VEHICLE FIRE ON I-95

*Directions: Read the call information in the exercise below. Use the information provided to complete the entire Arson and Juvenile Firesetter Module form and other required forms. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Arson and Juvenile Firesetter Module again.*

The Alberta Fire Department (FDID 92188) responded to a vehicle fire on I-95 near mile marker 73 and Exit 2B in Brunswick, Virginia 23351 on May 3. The dispatcher assigned the incident (#5455) to Engine Co. 2 from Shift C. The unit received the alarm at 11:58 p.m. and arrived at the scene in six minutes with a four-person engine crew and a two-person truck crew. Flame and smoke was coming from the vehicle. The owner of the vehicle, Mr. Robert L. Anderson, was driving to Emporia, Virginia to return his son, Joseph, to his mother. Mr. Anderson lives at 1630 Second Avenue, Jarrett, North Carolina 24501. His telephone number is 414-432-0987. He said that his front seat caught on fire. In an effort to extinguish the fire, the car crashed into the guardrail. He called 911 from his cellular telephone. He said that he was driving for two hours and became drowsy from a prescription drug that he took. The vehicle was a 1999 Ford Explorer, Virginia License Plate Number ACZ586, and VIN 1FBEU54X3ABC45634. The firefighters extinguished the fire; it was under controlled at 12:10 a.m. They determined that a burning cigarette caused the fire. The cigarette ignited the seat causing \$26,000 property damage and no content loss to the vehicle. The last unit cleared the scene at 12:35 a.m. FF1 Steve B. LaCivita, Badge No. 230, completed the report after returning to Station No. 1. Captain Ernest Greene, Badge No. 100, was the officer in charge. The fire department keeps records on the location of all responses. The incident was in Census Tract 501.2, District A05. The Virginia Department of Transportation, 23 Washington Street NE, Richmond, VA 23219, manages Virginia highways.

Mr. Anderson, 49-year old, black male, was bleeding from the head. He cut his head when his car hit the guardrail. He was not wearing a safety belt and the airbag in the vehicle did not inflate. Firefighter Steve Cooke, EMT-Basic, approached Officer Morrison at 12:06 a.m. Firefighter Cooke stopped the bleeding. No other treatment was needed. Mr. Anderson overall change in status improved. He was release to the on-scene towing service provider, Ace Towing, at 12:25 a.m. The towing service provider gave Mr. Anderson a ride from the incident

The dispatcher received a second call from a by-stander at the incident. He reported the fire and told the dispatcher that he saw cylinders in the cargo area of the vehicle. At 12 Midnight, the dispatcher notified the fire department and dispatched their two-person Hazardous Materials Truck from Station 2. The fire was out when the unit arrived at the scene. They found three cylinders in the cargo area of the vehicle. The cylinders contained Compressed Oxygen (UN# 1072, CAS Reg. #7782-44-7, DOT Hazard Class 2.2). The largest cylinder was leaking gas. The cylinder was a Type MM with a capacity of 122 cubic feet. The other two cylinders were Type M60 (60 Cu. Ft.). The affected area was 15 square feet. The unit established a hazard control zone of 160 square feet. Even though, the hazard was on Interstate 95 and in an urban center, no

people or buildings had to be evacuated because of the location of the incident. The HazMat Team moved the cylinders and stopped the leak. They estimated that 90 cubic feet of the gas escaped. There were no injuries resulting from the leak. The unit, last to clear the scene, left at 1:05 a.m.

The fire from the vehicle extended to an adjacent field of Annual Grass. The Virginia Department of Transportation owns the property at Latitude 37.55° North and Longitude 77.44° West. The area is urban. It was a clear night, with a wind speed of 10 MPH from the East, 62° F, and 70% relative humidity. The fuel moisture reading was 15% with a fire danger rating of moderate. The NFDRS Weather Station ID for the area was 091023. The one acre fire was extinguish by the four-person engine crew and the two person truck crew. There was no dollar loss to the property. The crew brought the fire under control at 12:40 a.m. The last unit cleared the incident at 1:05 a.m. Michael Harris, FF2 Badge No. 123, completed the report. Captain Ernest Greene was the Officer in Charge of the incident.

Fire Investigator Thomas Houston (Badge No. 99) discovered that the cause of the fire was not accidental. He opened an investigation when he found in the vehicle a glass jar reeked with gasoline. After questioning Mr. Anderson's son, he admitted to starting the fire. He said that he was depressed and needed his parents' attention; he was trying to kill himself because of their recent divorce. He used a discarded cigarette and matches to ignite the gasoline. Joseph is living with his mother, Rachel Han Anderson. Mr. Anderson said that his son, Joseph P. Anderson, is 15-year old (multi-racial). He has been diagnosed with ADD/ADHD, extremely curious about fires, and was involved in setting a field on fire six months ago. Investigator Mills turned over his evidence to state law enforcement officials and state child social care officials. Joseph's mother address is 111 Roanoke Street, Apt. D, Emporia, Virginia 23340, 804-555-6666. Mr. Anderson's telephone number is 414-432-0987.





**NFIRS 5.0 SELF STUDY PROGRAM  
ARSON AND JUVENILE FIRESETTER MODULE: NFIRS 11**

<b>K</b>	FDID ☆	State ☆	MM DD YYYY Incident Date ☆	Station	Incident Number ☆	Exposure ☆	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1S Supplemental</b>
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**K1 Person/Entity Involved**

Local Option Business name if applicable Phone Number

Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or highway Street Type Suffix

Post office box Apt./Suite/Room City

State Zip Code

**K2 Person/Entity Involved**

Business name if applicable Phone Number

Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or highway Street Type Suffix

Post office box number Apt./Suite/Room City

State Zip Code

**K3 Person/Entity Involved**

Business name if applicable Phone Number

Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or highway Street Type Suffix

Post office box number Apt./Suite/Room City

State Zip Code

**K4 Person/Entity Involved**

Business name if applicable Phone Number

Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or highway Street Type Suffix

Post office box Apt./Suite/Room City

State Zip Code

**K5 Person/Entity Involved**

Business name if applicable Phone Number

Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or highway Street Type Suffix

Post office box Apt./Suite/Room City

State Zip Code

NFIRS-11 Revision 6/9/98



**NFIRS 5.0 SELF STUDY PROGRAM**  
**ARSON AND JUVENILE FIRESETTER MODULE: NFIRS 11**

<b>Complete this side for all fires</b>			<input type="checkbox"/> Delete <input type="checkbox"/> Change <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>NFIRS - 2 Fire</b></div>
<b>A</b> FDID ☆    State ☆    Incident Date ☆    Station    Incident Number ☆    Exposure ☆			
<b>B Property Details</b>  <b>B1</b> <input type="checkbox"/> Not Residential Estimated number of residential living units in building of origin <i>whether or not all units became involved</i>  <b>B2</b> <input type="checkbox"/> Buildings not involved Number of buildings involved  <b>B3</b> <input type="checkbox"/> None <input type="checkbox"/> Less than one acre Acres burned (outside fires)	<b>C On-Site Materials or Products</b> <input type="checkbox"/> None Enter up to three codes. Check one box for each code entered.  On-site material (1)  On-site material (2)  On-site material (3)		
Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, <i>whether or not they became involved</i> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service			
<b>D Ignition</b>  <b>D1</b> Area of fire origin ☆  <b>D2</b> Heat source ☆  <b>D3</b> Item first ignited ☆    1 <input type="checkbox"/> Check box if fire spread was confined to object of origin  <b>D4</b> Type of material first ignited    Required only if item first ignited code is 00 or <70	<b>E1 Cause of Ignition</b> ☆ <input type="checkbox"/> Check box if this is an exposure report. <span style="border: 1px solid black; padding: 2px;">Skip to Section G</span>  1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation  <b>E2 Factors Contributing To Ignition</b> <input type="checkbox"/> None Factor contributing to ignition (1)  Factor contributing to ignition (2)	<b>E3 Human Factors Contributing To Ignition</b> Check all applicable boxes <input type="checkbox"/> None  1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved  7 <input type="checkbox"/> Age was a factor Estimated age of person involved <input type="text"/> 1 <input type="checkbox"/> Male    2 <input type="checkbox"/> Female	
<b>F1 Equipment Involved In Ignition</b> <input type="checkbox"/> None <span style="font-size: small;">If equipment was not involved, skip to Section G</span>  Equipment Involved  Brand  Model  Serial #  Year	<b>F2 Equipment Power Source</b> Equipment Power Source  <b>F3 Equipment Portability</b> 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary  <small>Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.</small>	<b>G Fire Suppression Factors</b> Enter up to three codes. <input type="checkbox"/> None  Fire suppression factor (1)  Fire suppression factor (2)  Fire suppression factor (3)	
<b>H1 Mobile Property Involved</b> <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned Mobile property model  License Plate Number    State    VIN Number	<b>H2 Mobile Property Type &amp; Make</b> Mobile property type  Mobile property make  Year	<b>Local Use</b> <input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small>  <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>Structure fire? Please be sure to complete the other side of this form.</b></div>			
<small>NFIRS-2 Revision 01/19/99</small>			

**NFIRS 5.0 SELF STUDY PROGRAM  
ARSON AND JUVENILE FIRESETTER MODULE: NFIRS 11**

<b>A</b>	FDID ☆	State ☆	Incident Date ☆ MM DD YYYY	Station	Incident Number ☆	Exposure ☆	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-6 EMS</b>
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<b>B</b> Number of Patients	Patient Number ☆	<b>C</b> Date/Time	
<input type="text"/>	<input type="text"/>	Check if same date as alarm <input type="checkbox"/> Time Arrived at Patient <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month Day Year Hour/Mins
Use a separate form for each patient		Time of Patient Transfer <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**D Provider Impression/Assessment** ☆ Check one box only

10 <input type="checkbox"/> Abdominal pain	18 <input type="checkbox"/> Chest pain	26 <input type="checkbox"/> Hypovolemia	34 <input type="checkbox"/> Sexual assault
11 <input type="checkbox"/> Airway obstruction	19 <input type="checkbox"/> Diabetic symptom	27 <input type="checkbox"/> Inhalation injury	35 <input type="checkbox"/> Sting/bite
12 <input type="checkbox"/> Allergic reaction	20 <input type="checkbox"/> Do not resuscitate	28 <input type="checkbox"/> Obvious death	36 <input type="checkbox"/> Stroke/CVA
13 <input type="checkbox"/> Altered LOC	21 <input type="checkbox"/> Electrocutation	29 <input type="checkbox"/> OD/poisoning	37 <input type="checkbox"/> Syncope
14 <input type="checkbox"/> Behavioral/psych	22 <input type="checkbox"/> General illness	30 <input type="checkbox"/> Pregnancy/OB	38 <input type="checkbox"/> Trauma
15 <input type="checkbox"/> Burns	23 <input type="checkbox"/> Hemorrhaging/bleeding	31 <input type="checkbox"/> Respiratory arrest	00 <input type="checkbox"/> Other
16 <input type="checkbox"/> Cardiac arrest	24 <input type="checkbox"/> Hyperthermia	32 <input type="checkbox"/> Respiratory distress	NN <input type="checkbox"/> None/no patient or refused treatment
17 <input type="checkbox"/> Cardiac dysrhythmia	25 <input type="checkbox"/> Hypothermia	33 <input type="checkbox"/> Seizure	

<b>E1</b> Age or Date of Birth	<b>F1</b> Race	<b>G1</b> Human Factors	<b>G2</b> Other Factors
<input type="text"/> Months (for infants) Age <input type="checkbox"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian/Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined	Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by drugs 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person N <input type="checkbox"/> None	If an illness, not an injury, skip G2 and go to H3 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input type="checkbox"/> Inflicted, not self N <input type="checkbox"/> None
<b>E2</b> Gender	<b>F2</b> Ethnicity		
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Hispanic		

<b>H1</b> Body Site of Injury	<b>H2</b> Injury Type	<b>H3</b> Cause of Illness/Injury
List up to five body sites	List one injury type for each body site listed under H1	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> Cause of illness/injury <input type="text"/>

<b>I</b> Procedures Used	<b>J</b> Safety Equipment	<b>K</b> Cardiac Arrest
Check all applicable boxes	Used or deployed by Patient	Check all applicable boxes
01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splint extremities 24 <input type="checkbox"/> Suction/aspirate NN <input type="checkbox"/> No Treatment 00 <input type="checkbox"/> Other	1 <input type="checkbox"/> Safety/seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device N <input type="checkbox"/> None 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it? 1 <input type="checkbox"/> Witnessed 2 <input type="checkbox"/> Bystander CPR 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rhythm 1 <input type="checkbox"/> V-Fib/ V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined

<b>L1</b> Initial Level of Provider ☆	<b>L2</b> Highest Level of Provider On Scene	<b>M</b> Patient Status	<b>N</b> Disposition
1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No Training	1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No care provided	1 <input type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input type="checkbox"/> Pulse on Transfer	1 <input type="checkbox"/> FD transport to ECF 2 <input type="checkbox"/> Non-FD transport 3 <input type="checkbox"/> Non-FD trans/FD attend 4 <input type="checkbox"/> Non-emergency transfer 0 <input type="checkbox"/> Other N <input type="checkbox"/> Not transported

NFIRS-6 Revision

**NFIRS 5.0 SELF STUDY PROGRAM  
ARSON AND JUVENILE FIRESETTER MODULE: NFIRS 11**

<b>A</b>	FDID ☆ <input type="text"/>	State ☆ <input type="text"/>	Incident Date ☆ MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/>	Station <input type="text"/>	Incident Number ☆ <input type="text"/>	Exposure ☆ <input type="text"/>	Haz No ☆ <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 7 HazMat</b>
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<b>B</b>	UN Number <input type="text"/>	DOT Hazard Classification <input type="text"/>	CAS Registration Number <input type="text"/>	Chemical Name ☆ <input type="text"/>
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<b>C1 Container Type</b> <input type="text"/> Container Type  <div style="border: 1px solid black; padding: 5px; width: fit-content;">                     More hazardous materials? Use additional sheets.                 </div>	<b>C2 Estimated Container Capacity</b> <input type="text"/> , <input type="text"/> , <input type="text"/> Capacity: by volume or weight  <b>C3 Units: Capacity</b> Check one box <table style="width:100%;"> <tr> <th colspan="2">VOLUME</th> <th colspan="2">WEIGHT</th> </tr> <tr> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input type="checkbox"/> Ounces</td> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input type="checkbox"/> Ounces</td> </tr> <tr> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input type="checkbox"/> Pounds</td> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input type="checkbox"/> Pounds</td> </tr> <tr> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> </tr> <tr> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> </tr> <tr> <td>15 <input type="checkbox"/> Cubic feet</td> <td></td> <td>15 <input type="checkbox"/> Cubic feet</td> <td></td> </tr> <tr> <td>16 <input type="checkbox"/> Cubic meters</td> <td></td> <td>16 <input type="checkbox"/> Cubic meters</td> <td></td> </tr> </table>	VOLUME		WEIGHT		11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds	12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds	13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	15 <input type="checkbox"/> Cubic feet		15 <input type="checkbox"/> Cubic feet		16 <input type="checkbox"/> Cubic meters		16 <input type="checkbox"/> Cubic meters		<b>D1 Estimated Amount Released</b> ☆ <input type="text"/> , <input type="text"/> , <input type="text"/> Amount released: by volume or weight  <b>D2 Units: Released</b> Check one box <table style="width:100%;"> <tr> <th colspan="2">VOLUME</th> <th colspan="2">WEIGHT</th> </tr> <tr> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input type="checkbox"/> Ounces</td> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input type="checkbox"/> Ounces</td> </tr> <tr> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input type="checkbox"/> Pounds</td> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input type="checkbox"/> Pounds</td> </tr> <tr> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> </tr> <tr> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> </tr> <tr> <td>15 <input type="checkbox"/> Cubic feet</td> <td></td> <td>15 <input type="checkbox"/> Cubic feet</td> <td></td> </tr> <tr> <td>16 <input type="checkbox"/> Cubic meters</td> <td></td> <td>16 <input type="checkbox"/> Cubic meters</td> <td></td> </tr> </table>	VOLUME		WEIGHT		11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds	12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds	13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	15 <input type="checkbox"/> Cubic feet		15 <input type="checkbox"/> Cubic feet		16 <input type="checkbox"/> Cubic meters		16 <input type="checkbox"/> Cubic meters		<b>E1 Physical State When Released</b> 1 <input type="checkbox"/> Solid 2 <input type="checkbox"/> Liquid 3 <input type="checkbox"/> Gas U <input type="checkbox"/> Undetermined  <b>E2 Released Into</b> <input type="text"/> Released into
VOLUME		WEIGHT																																																									
11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces																																																								
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16 <input type="checkbox"/> Cubic meters		16 <input type="checkbox"/> Cubic meters																																																									

Complete the remainder of this form only for the first hazardous material involved in this incident.  <b>F1 Released From:</b> Check all applicable boxes <input type="checkbox"/> Below grade 1 <input type="checkbox"/> Inside/on structure <input type="text"/> Story of release 2 <input type="checkbox"/> Outside of structure	<b>F2 Population Density</b> 1 <input type="checkbox"/> Urban 2 <input type="checkbox"/> Suburban 3 <input type="checkbox"/> Rural  <b>G1 Area Affected</b> 1 <input type="checkbox"/> Square Feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square Miles <input type="text"/> , <input type="text"/> Enter measurement	<b>G2 Area Evacuated</b> <input type="checkbox"/> None 1 <input type="checkbox"/> Square Feet <input type="text"/> , <input type="text"/> 2 <input type="checkbox"/> Blocks Enter Measurement 3 <input type="checkbox"/> Square Miles  <b>G3 Estimated Number of People Evacuated</b> <input type="text"/> , <input type="text"/>  <b>G4 Estimated Number of Buildings Evacuated</b> <input type="text"/> , <input type="text"/> <input type="checkbox"/> None	<b>H HazMat Actions Taken</b> Enter up to three actions taken <input type="text"/> <input type="text"/> Primary Action Taken (1) <input type="text"/> <input type="text"/> Additional Action Taken (2) <input type="text"/> <input type="text"/> Additional Action Taken (3)  <b>I If fire or explosion is involved with a release, which occurred first?</b> 1 <input type="checkbox"/> Ignition U <input type="checkbox"/> Undetermined 2 <input type="checkbox"/> Release
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<b>J Cause of Release</b> ☆ 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional release 3 <input type="checkbox"/> Container/containerment failure 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation	<b>K Factors Contributing to Release</b> Enter up to three contributing factors <input type="text"/> <input type="text"/> Factor Contributing To Release (1) <input type="text"/> <input type="text"/> Factor Contributing To Release (2) <input type="text"/> <input type="text"/> Factor Contributing To Release (3)	<b>L Factors Affecting Mitigation</b> Enter up to three factors or impediments that affected the mitigation of the incident <input type="text"/> <input type="text"/> Factor or impediment (1) <input type="text"/> <input type="text"/> Factor or impediment (2) <input type="text"/> <input type="text"/> Factor or impediment (3)
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<b>M Equipment Involved In Release</b> <input type="checkbox"/> None <input type="text"/> Equipment involved in release  Brand <input type="text"/> Model <input type="text"/> Serial Number <input type="text"/> Year <input type="text"/>	<b>N Mobile Property Involved in Release</b> <input checked="" type="checkbox"/> None <input type="text"/> Mobile property type <input type="text"/> Mobile property make <input type="text"/> <input type="text"/> Model Year <input type="text"/> <input type="text"/> License Plate Number State <input type="text"/> <input type="text"/> DOT Number/ ICC Number	<b>O HazMat Disposition</b> ☆ 1 <input type="checkbox"/> Completed by fire service only 2 <input type="checkbox"/> Completed w/ fire service present 3 <input type="checkbox"/> Released to local agency 4 <input type="checkbox"/> Released to county agency 5 <input type="checkbox"/> Released to state agency 6 <input type="checkbox"/> Released to federal agency 7 <input type="checkbox"/> Released to private agency 8 <input type="checkbox"/> Released to property owner or manager  <b>P HazMat Civilian Casualties</b> Deaths <input type="text"/> Injuries <input type="text"/> NFIRS-7 Revision
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**NFIRS 5.0 SELF STUDY PROGRAM  
ARSON AND JUVENILE FIRESETTER MODULE: NFIRS 11**

**A** FDID  State  Incident Date  MM  DD  YYYY  Station  Incident Number  Exposure   Delete  Change **NFIRS - 11 Arson**

**B Agency Referred To**  None  Street Address  Their Case Number   
 Agency Name  City  Their ORI   
 Agency Phone Number  State  Zip Code  -  Their Federal Identifier (FID)  Their FDID

**C Case Status**

1  Investigation open      4  Closed with arrest  
 2  Investigation closed      5  Closed with exceptional clearance  
 3  Investigation inactive

**D Availability of Material First Ignited**

1  Transported to scene  
 2  Available at scene  
 U  Unknown

**E Suspected Motivation Factors** Check up to three factors

11 <input type="checkbox"/> Extortion	22 <input type="checkbox"/> Hate crime	42 <input type="checkbox"/> Vanity/recognition	54 <input type="checkbox"/> Burglary
12 <input type="checkbox"/> Labor unrest	23 <input type="checkbox"/> Institutional	43 <input type="checkbox"/> Thrills	61 <input type="checkbox"/> Homicide concealment
13 <input type="checkbox"/> Insurance fraud	24 <input type="checkbox"/> Societal	44 <input type="checkbox"/> Attention/sympathy	62 <input type="checkbox"/> Burglary concealment
14 <input type="checkbox"/> Intimidation	31 <input type="checkbox"/> Protest	45 <input type="checkbox"/> Sexual excitement	63 <input type="checkbox"/> Auto theft concealment
15 <input type="checkbox"/> Void contract/lease	32 <input type="checkbox"/> Civil unrest	51 <input type="checkbox"/> Homicide	64 <input type="checkbox"/> Destroy records/evidence
21 <input type="checkbox"/> Personal	41 <input type="checkbox"/> Fireplay/curiosity	52 <input type="checkbox"/> Suicide	00 <input type="checkbox"/> Other motivation
		53 <input type="checkbox"/> Domestic violence	UU <input type="checkbox"/> Unknown motivation

**F Apparent Group Involvement** Check up to three factors

1  Terrorist group  
 2  Gang  
 3  Anti-government group  
 4  Outlaw motorcycle organization  
 5  Organized crime  
 6  Racial/ethnic hate group  
 7  Religious hate group  
 8  Sexual preference hate group  
 0  Other group  
 N  No group involvement, acted alone  
 U  Unknown

**H Incendiary Devices** Select one from each category **CONTAINER** NN  None

11  Bottle (glass)      14  Pressurized Container      17  Box  
 12  Bottle (plastic)      15  Can      00  Other Container  
 13  Jug      16  Gasoline or fuel can      UU  Unknown

**IGNITION/DELAY DEVICE** NN  None

11  Wick or Fuse      17  Road flare/fuse  
 12  Candle      18  Chemical Component  
 13  Cigarette & Matchbook      19  Trailer/Streamer  
 14  Electronic Component      20  Open flame source  
 15  Mechanical Device      00  Other delay device  
 16  Remote Control      UU  Unknown

**G1 Entry Method**

Entry Method

**FUEL** NN  None

11  Ordinary Combustibles      16  Pyrotechnic material  
 12  Flammable gas      17  Explosive material  
 14  Ignitable liquid      00  Other material  
 15  Ignitable solid      UU  Unknown

**G2 Extent of Fire Involvement on Arrival**

Extent of Fire Involvement

**I Other Investigative Information** Check all that apply

1  Code violations  
 2  Structure for sale  
 3  Structure vacant  
 4  Other crimes involved  
 5  Illicit drug activity  
 6  Change in insurance  
 7  Financial problem  
 8  Criminal/Civil actions pending

**J Property Ownership**

1  Private  
 2  City, town, village, local  
 3  County or parish  
 4  State or province  
 5  Federal  
 6  Foreign  
 7  Military  
 0  Other

**K Initial Observations** Check all that apply

1  Windows ajar      5  Fire department forced entry  
 2  Doors ajar      6  Forced entry prior to FD arrival  
 3  Doors locked      7  Security system activated  
 4  Doors unlocked      8  Security present, (didn't activate)

**L Laboratory Used** Check all that apply

1  Local      3  ATF      5  Other      6  Private  
 2  State      4  FBI      Federal      N  None

NFIRS-11 Rev ision



## Arson & Juvenile Firesetter Module Test

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1. The Arson Module may be used when:
  - (a) Cause of Ignition is coded as intentional
  - (b) Cause of Ignition is coded as under investigation
  - (c) Cause of Ignition is coded undetermined after investigation
  - (d) Documenting juvenile-set fires, whether intentional or not
  
2. In the Arson Module, ORI and FID are examples of this data element.
  - (a) Agency Referred To
  - (b) Laboratory Used
  - (c) Section A information
  - (d) Other Investigative Information
  
3. Extortion and curiosity are examples of this data element.
  - (a) Apparent Group Involvement
  - (b) Case Status
  - (c) Actions Taken
  - (d) Suspected Motivation Factors
  
4. Closed with exceptional clearance and investigation closed are examples of this data element.
  - (a) Case Status
  - (b) Initial Observations
  - (c) Actions Taken
  - (d) Entry Method
  
5. This data element is used to describe how the juvenile firesetter was handled at the end of the incident.
  - (a) Initial Observations
  - (b) Case Status
  - (c) Disposition
  - (d) Actions Taken